

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14593

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registration District No. 169

Primary Registration District No. 4099

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Dalton

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 1 month
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton

(c) City or town Dalton
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME JESSE T. TETLOW 340

8. (b) If veteran, name war _____

8. (c) Social Security No. 486-12-8853

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1940 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wesley 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Sept. 27 - 1899
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>40</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Lobar Pneumonia

Duration _____

9. Birthplace Kennettville Mo. O
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Laborer W.P.A.

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: _____

12. Name Tom Tetlow

Of operations _____

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Wesley

15. Birthplace Kennettville Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie Virginia Tetlow
(b) Address Dalton

17. (a) Buried (b) Date thereof April 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bennett Cemetery

18. (a) Signature of funeral director Wesley & Bennett
(b) Address Kennettville Mo.

19. (a) Apr 11, 40 (b) Harry E. Statum
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 159

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John D. Mowery (M.D. or other) D.O.

Address Dalton Mo. Date signed 4/12/40

OCT 15 1946

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-13-40

OCT 15 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.